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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

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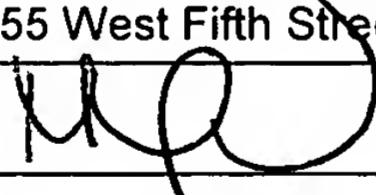
Total Number of Pages in This Submission

Application Number	10/608,713
Filing Date	June 26, 2003
First Named Inventor	Shinya SAKURADA
Art Unit	2837
Examiner Name	Jeffrey Donels
Attorney Docket Number	393032038500

ENCLOSURES (Check all that apply)

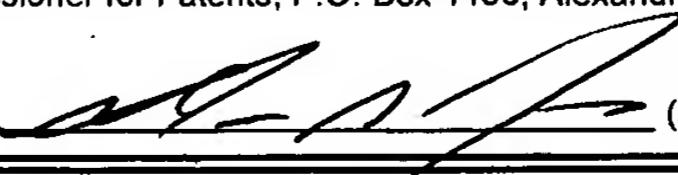
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

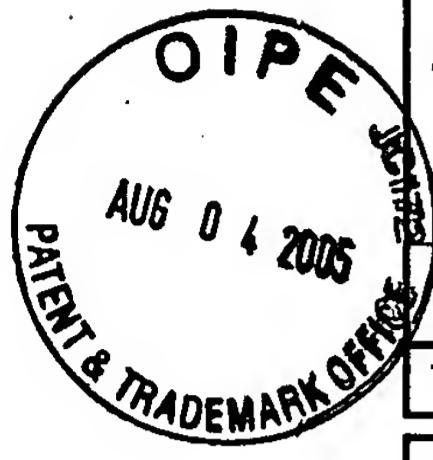
Firm Name	MORRISON & FOERSTER LLP (25224) 555 West Fifth Street, Los Angeles, CA 90013		
Signature			
Printed name	Mehran Arjomand		
Date	August 4, 2005	Reg. No.	48,231

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV644664243US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 4, 2005

Signature:  (Marco Jimenez)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known				
		Application Number	10/608,713			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 26, 2003			
		First Named Inventor	Shinya SAKURADA			
		Examiner Name	Jeffrey Donels			
		Art Unit	2837			
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Attorney Docket No.	393032038500			
METHOD OF PAYMENT (check all that apply)						
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____						
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments				
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
Application Type Utility Design Plant Reissue Provisional	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
	300	150	500	250	200	100
	200	100	100	50	130	65
	200	100	300	150	160	80
	300	150	500	250	600	300
200	100	0	0	0	0	
2. EXCESS CLAIM FEES				Small Entity Fee (\$) Fee (\$)		
Each claim over 20 (including Reissues)				50 25		
Each independent claim over 3 (including Reissues)				200 100		
Multiple dependent claims				360 180		
Total Claims <u>12</u>		Extra Claims $- 20 =$ <u>0</u>	Fee (\$) \times <u>0</u>	Fee Paid (\$) <u>0</u>		
Indep. Claims <u>2</u>		Extra Claims $- 3 =$ <u>0</u>	Fee (\$) \times <u>0</u>	Fee Paid (\$) <u>0</u>		
				Multiple Dependent Claims Fee (\$) Fee Paid (\$) <u>0</u>		
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				Fee (\$) Fee Paid (\$) <u>0</u>		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u>				Fees Paid (\$) <u>120.00</u>		
SUBMITTED BY Signature  Name (Print/Type) <u>Mehran Arjomand</u>				Registration No. (Attorney/Agent)	48,231	
				Telephone	(213) 892-5630	
				Date	August 4, 2005	

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